SENDER: COMPLETE THIS SECTIONSC DO	COMPLETE THIS SECTION ON DEGVERYOS Page 1 of 1
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>Robert Divine Aching Cammissioner</li> <li>Citizenship Timing Attackersioner</li> <li>Massing Authority Three.</li> <li>N.W.</li> </ul>	A. Signature    Agent   Addressee     B. Received by (Printed Name)   C. Date of Delivery   C. Date of Deliver
	3. Service Type
Washington, OC 20529 54( 05-986	Certified Mail ☐ Express Mail  Aegistered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee)
Article Number     (Transfer from service label)	Show use
PS Form 3811, February 2004 Domestic Reti	urn Receipt 102595-02-M-1540

102595-02-M-1540